

209 000112526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

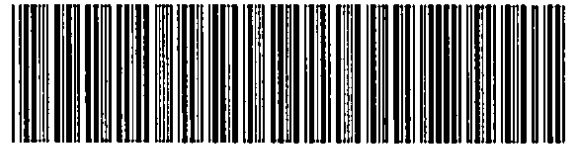
(Document Number)

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2021 DEC 14 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

Notice of Dissolution

DEC 28 2021

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ASTON, LLC

**DOCUMENT NUMBER:** L09000112526

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMANDA L. APARICIO

(Name of Contact Person)

ASTON, LLC

(Firm/Company)

18201 COLLINS AVENUE, SUITE 3801-A

(Address)

SUNNY ISLES BEACH, FLORIDA 33160

(City/State and Zip Code)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

AMANDA L. APARICIO

at (305) 868-3363

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$60 Filing Fee,  
Certificate of Status & Certified  
Copy (Additional copy  
is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: ASTON, LLC

Document number of Limited Liability Company is: L09000112526

Date of dissolution was: 12/31/2021

Description of information that must be included in a written claim:

ANY CLAIM SHOULD INCLUDE THE PURPOSE OF THE CLAIM; MAILING ADDRESS; AMOUNT OF CLAIM  
AND ANY SUPPORT DOCUMENTATION RELATED TO THE CLAIM.

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2021 DEC 14 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ASTON, LLC


18201 COLLINS AVENUE, STE. # 3801A

SUNNY ISLES BEACH, FLORIDA 33160

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

AMANDA L. APARICIO, MANAGER

Printed Name of the Person Filing

  
Signature of the Person Filing